

BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (1" x 4" optional area reference)

PORTION	TOTALS	ID NO.	DATE
FILE DETERMINATION	10	1088	4/18
A.P.R. CLASSIFIER		10	9/12
FORMALITY REVIEW	6	64824 64874	9-27-10 2-11-10

INDEX OF CLAIMS

☐ Adjusted  
☐ Allocated  
☐ (Through current)  
☐ Cancelled  
☐ Restricted  
☐ Rejected  
☐ Reinstated  
☐ Withdrawn  
☐ Appeal  
☐ Deleted

Claim No.	Date	Claim	Date	Claim	Date
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If more than 100 claims or 10 actions  
 staple additional sheet here  
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